

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/638954

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11	1						61						
12		+					62						
13		+					63						
14		+					64						
15		+					65						
16		+					66						
17		+					67						
18		+					68						
19		+					69						
20		+					70						
21		+					71						
22		+					72						
23		+					73						
24		+					74						
25		+					75						
26		+					76						
27		+					77						
28		+					78						
29		+					79						
30	1						80						
31		+					81						
32		+					82						
33		+					83						
34		+					84						
35	1						85						
36		+					86						
37		+					87						
38		+					88						
39		+					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						

Best Available Copy

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